Identification and Analysis of Emotional Suffocation

Amongst Employees of Management Institution

A
SYNOPSIS SUBMITTED FOR THE
PROPOSED RESEARCH WORK FOR THE DEGREE OF
DOCTOR OF PHILOSOPHY
IN
PSYCHOLOGY
(September, 2013)

Submitted to:
Department of Psychology
Faculty of Social Sciences
Dayalbagh Educational Institute (Deemed University)
DAYALBAGH, AGRA

Submitted by:
Jyoti Kaushik

Under the supervision of:
Dr. Kamaljeet Sandhu
Associate Professor,
Department of Psychology
Faculty of Social Sciences

Dayalbagh Educational Institute (Deemed University)
DAYALBAGH, AGRA -282005

Introduction

"*Unexpressed emotions will never die. They are buried alive and will come forth later in uglier way"* **Freud (1930).** Emotional feelings and their expressions are complex combination of cognitive, behavioral and physiological processes. Emotions are expressed by the collective effort of nervous system and physical body parts (**Izard, 2009**). According to neurobiologist (**Pert, 1997**) every emotion an individual feels circulates through his /her body as chemical called "neuropeptides", which is short-chain amino acids or proteins that talk to every cell of our body. Pert's research suggests that these molecules of emotion play a significant role in guiding what one experiences as perception and conscious choice. There are only two basic emotions that individuals experience, love and fear. All other emotions are variations of these two emotions. Thoughts and behavior come from either a place of love or a place of fear. Anxiety, anger, control, sadness, depression, inadequacy, confusion, hurt, lonely, guilt, and shame are all fear-based emotions. Emotions such as joy, happiness, caring, trust, compassion, truth, contentment, and satisfaction are love-based emotions. There are varying degrees of intensity in both types of emotions, some being mild, moderate, or strong in intensity. Emotions have a direct effect on how our body works. Fear-based emotions stimulate the release of one set of chemicals while love-based emotions release another set of chemicals. If the fear-based emotions are long-term or chronic they damage the chemical systems, the immune system, the endocrine system and every other system in our body. This means that if people will have this kind of feeling for long term, they will feel suffocated. In emotional suffocation, our immune systems weaken and many serious consequences may set in. This relationship between emotions, thinking, and the body is being called Mind-Body Medicine today.

When individuals have experience that is painful or difficult, and they are either unable to cope with the pain, or just afraid of it, they often dismiss this emotion and get busy, exercise more, drink or eat a bit more, or just pretend it has not happened. But when an individual does not feel the emotion it results in what is called repressed, suppressed or buried emotions. This repressing and burial of emotion consumes lot of mental and physical energy and creates mental and emotional suffocation. Prolonged burial of emotions lowers the overall tempo and suffocates mind ultimately which may lead to illness and speed up ageing process. Blocked emotions create mental and emotional suffocation, uneasiness, tiredness, fatigue, loss of energy and depression

(**Lowson, 2009**). Emotion that is bottled–up for too long creates mental and emotional suffocation (**Risipal, 2013**). The following are some of the major symptoms of emotional suffocation:

- Fatigue
- Depression without an apparent cause
- Speaking of issues/interests rather than personal matters and feelings
- Pretending something doesn't matter when inside it does matter
- Rarely talking about personal feelings
- Blowing up over minor incidents
- Walking around with a knot in the stomach or tightness in the throat
- Feeling anger not at the time something happened but feels a few days later
- In relationships, focusing discussions on children/money rather than talking about ourselves
- Difficulty talking about our self
- Troubled personal relationships with family, friends, acquaintances, etc.
- A lack of ambition or motivation
- Lethargic –' who cares' attitude
- Difficulty accepting our self and others
- Laughing on the outside while crying on the inside

Expression of emotions is healthy and healing. For example, it is natural to feel grief and tears at the loss of a loved one. This emotion of grief will be blocked, if it is not felt properly at that time and not allowed to express current emotional expression. This emotion of grief is likely to remain deep inside in the human psyche and consequently individual experiences an ongoing sadness, depression, numbness, irritation, anxiety, pressure and fear of unknown. This may be rooted in an experience the person had in the past. There may be sudden unexplained release of tears at unexpected times, or perhaps person is no longer able to weep at all, even when feeling to do so. Person may become intolerant of others and burst out unexpectedly on those who care a lot for him or her. All this is because of unexpressed emotions that can generate emotional blockade and can drastically affect human behavior, both negatively and positively. Emotional suffocation can cause serious illness including cancer, arthritis, chronic fatigue and many other major health problems. Since repressed emotion rest either in our body or auras (an **aura** is a

field of subtle, luminous radiation surrounding a person or object like the halo or aureole in religious art), they can cause holes in our auras, through which our energy leaks out creating fatigue, a sense of vulnerability, and low self-confidence. When people have repressed emotions, their behavior and reactions to events in the present moment are really reactions to past events as well as the present. This has negative effect on all relationship in our life. Individuals live in today but unless they release their emotions of the past their life is in a confused state. They bury emotions because they are too painful and difficult to deal. When they occur, reactions to today's events are affected by this pain and hurt that remains buried in body (**Risipal, 2013**). Some of these are the consequence of emotional suffocation:

- Inability to act or react that cannot be explained by intellectual, sensory, or health factors
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms for psychosomatic disorders which is fears associated with personal problems
- Hyperactivity (short attention span, impulsiveness)
- Aggression/self-injurious behavior (acting out, fighting)
- Withdrawal (failure to initiate interaction with others, retreat from exchanges of social interaction, excessive fear or anxiety)
- Immaturity (inappropriate crying, temper tantrums, poor coping skills)
- Learning difficulties (academically performing below grade level)

The causes of emotional blockade have not been adequately determined. Although, various factors such as heredity, brain disorder, diet, stress, and family functioning have been suggested as possible causes but research has not concluded any of these factors to be the direct cause of behavioral or emotional problems.

The expression and non-expression of emotion has been studied in chronic illnesses and in the quality of life of people living with or recovering from illnesses (**Lepore & Smyth, 2002**). Research findings provide strong evidence that the health benefits of emotional disclosure may result partially from effects on immune function (**Booth & Petrie, 2002**). In **O 'Leary's (1990**) review of empirical evidence linking emotional processes to immune function in humans she found, along with the findings that reveal the adverse effects of chronic stress on immune

function, that certain personality styles may also enhance or degrade immune response affecting disease susceptibility and progression. Personality traits and coping styles are of particular interest in psychoneuroimmunology research she suggests, because "some immunologic diseases are chronic or take much time to develop". In other words, physiological changes accompany expression and suppression of emotions, "the structure of our bodies changes and we experience our lives differently" (**Booth & Petrie, 2002**). The idea that emotions and physiology mutually influence one another suggests that the immune system as part of our physiology may be effected by the expression of emotion (**Booth, 2005**). Whatever the case may be the person's reaction to a situation has an important role to play as it determines his/ her level of emotional suffocation. Therefore, the study of emotionality i.e. reactivity to stimuli or situation of an individual is essential to the study of emotional suffocation.

Emotionality is the observable behavioral and physiological component of emotion, and is a measure of a person's emotional reactivity to a stimulus (**Reber, &Reber, 2001**).Most of these responses can be observed by other people, while some emotional responses can only be observed by the person experiencing them (**Crawford, Kippax, Onyx ,Gault, & Benton, 1992**).It is important to note that observable responses to emotion (i.e., smiling) do not have concrete, one-answer-fits-all meanings. A smile can be used to express happiness or anxiety; a frown can communicate sadness or anger, and so on (**Hall, Carter & Horgan, 2000**).Emotionality is often used by psychology researchers to operationalize emotion in research studies.

Emotionality is characterized by high levels of negative affect such as depression and anxiety. Neuroticism, according to **Eysenck's theory**, is based on activation thresholds in the sympathetic nervous system or visceral brain. This is the part of the brain that is responsible for the fight-or-flight response in the face of danger. Activation can be measured by heart rate, blood pressure, cold hands, sweating and muscular tension (especially in the forehead). Neurotic people — who have low activation thresholds, and unable to inhibit or control their emotional reactions, experience negative affect (fight-or-flight) in the face of very minor stressors — are easily nervous or upset. Emotionally stable people—, who have high activation thresholds and good emotional control, experience negative affect only in the face of very major stressors — are calm and collected under pressure.

The traits that are associated with Emotionality according to the three dimensions in Eysenck's model of personality are Neuroticism(called Emotionality in the EPP) measures: Inferiority, Unhappiness, Anxiety, Dependence, Hypochondria, Guilt and Obsessiveness.

Anxiety is an unpleasant state of inner turmoil, often accompanied by nervous behavior, such as pacing back and forth, somatic complaints and rumination. It is the subjectively unpleasant feelings of dread over something unlikely to happen, such as the feeling of imminent death. Anxiety is not the same as fear, which is felt about something realistically intimidating or dangerous and is an appropriate response to a perceived threat; anxiety is a feeling of fear, worry, and uneasiness, usually generalized and unfocused as an overreaction to a situation that is only subjectively seen as menacing. It is often accompanied by restlessness, fatigue, problems in concentration, and muscular tension. Anxiety is not considered to be a normalreaction to a perceived stressor although many feel it occasionally. When anxiety becomes overwhelming and distressing to the sufferer, it may fall under the psychiatric diagnosis of anxiety disorder.

A study by **Budge , Adelson and Howard (2013)** examined facilitative and avoidant coping as mediators between distress and transition status, social support, and loss. A total of 351 transgender individuals (n = 226 transgender women and n = 125 transgender men) participated in this study. Participants completed measures on transgender identity, family history of mental health concerns, perceptions of loss, coping, depression, and anxiety. The rates of depressive symptoms (51.4% for transgender women; 48.3% for transgender men) and anxiety (40.4% for transgender women; 47.5% for transgender men) within the current study far surpass the rates of those for the general population. Structural equation modeling (SEM) was used to analyze the data—2 separate models were hypothesized, based on reports of anxiety or depression. The SEM results suggest that the processes for transgender women and transgender men are primarily similar for depression and anxiety; avoidant coping served as a mediator between transition status and both distress variables. Social support was directly related to distress variables, as well as indirectly related through avoidant coping Results suggest the need for practitioners to focus on interventions that reduce avoidant coping strategies, while simultaneously increasing social support, in order to improve mental health for transgender individuals. Individuals who are in the beginning stages of their transition will use different coping strategies than those who are in later stages; interventions should be adjusted on the basis of the transition status of transgender clients.

The role of self-reported attentional control in regulating attentional biases related to trait anxiety. Simple detection targets were preceded by cueslabeling potential target locations as threatening (likely to result in negative feedback) or safe (likely to result in positive feedback) was examined by **Derryberry and Reed (2002).** Trait anxious participants showed an early attentional bias favoring the threatening location 250 ms after the cue and a late bias favoring the safe location 500 ms after the cue. The anxiety-related threat bias was moderated by attentional control at the 500-ms delay: Anxious participants with poor attentional control still showed the threat bias, whereas those with good control were better able to shift from the threatening location. Thus, skilled control of voluntary attention may allow anxious persons to limit the impact of threatening information.

A new measure that focused explicitly on the cognitive dimension of test anxiety was introduced and examined for psychometric quality as compared to existing measures of test anxiety. The new scale was found to be a reliable and valid measure of cognitive test anxiety. The impact of cognitive test anxiety as well as emotionality and test procrastination were subsequently evaluated on three course exams and students' self-reported performance on the Scholastic Aptitude Test for 168 undergraduate students. Higher levels of cognitive test anxiety were associated with significantly lower test scores on each of the three course examinations. High levels of cognitive test anxiety also were associated with significantly lower Scholastic Aptitude Test scores. Procrastination, in contrast, was related to performance only on the course final examination. Gender differences in cognitive test anxiety were documented, but those differences were not related to performance on the course exams. Examination of the relation between the emotionality component of test anxiety and performance revealed that moderate levels of physiological arousal generally were associated with higher exam performance. The results were consistent with cognitive appraisal and information processing models of test anxiety and support the conclusion that cognitive test anxiety exerts a significant stable and negative impact on academic performance measures (**Cassady, &. Johnson, 2002**).

Distinguishing between depression and anxiety has been a matter of concern and controversy for some time. Studies in normal samples have suggested, however, that assessment of two broad mood factors Negative Affect (NA) and Positive Affect (PA)—may improve their differentiation. A study extends these findings to a clinical sample. As part of an ongoing twin study, 90 inpatient probands and 60 cotwins were interviewed with the anxiety and depression

sections of the Diagnostic Interview Schedule (DIS; Robins, Helzer, Croughan, & Ratcliff, 1981). Respondents also completed trait NA and PA scales. Consistent with previous research, NA was broadly correlated with symptoms and diagnoses of both anxiety and depression, and acted as a general predictor of psychiatric disorder. In contrast, PA was consistently related (negatively) only to symptoms and diagnoses of depression, indicating that the loss of pleasurable engagement is a distinctive feature of depression. The results by **Watson, Clark and Carey, 1988** suggest that strengthening the PA component in depression measures may enhance their discriminative power.

The relationship of cognitive (worry) and emotional (emotionality) components of test anxiety to pulse rate, performance expectancy, and actual examination grades was determined for samples of both high school (N = 91) and college (N = 95) students. For both samples, 2 of the 3 major predictions received support: (a) worry was found to be more highly negatively related to examination grades than was emotionality or pulse rate, and (b) worry was more highly negatively related to expectancy than was emotionality. However, pulse rate was no more highly related to emotionality than to worry, suggesting that questionnaire and direct measures of autonomic arousal are less closely related than has been generally assumed **(Morris & Liebert, 1970).**

Inferiority: An **inferiority complex** is a lack of self-worth, a doubt and uncertainty, and feeling of not measuring up to society's standards. It is often subconscious, and is thought to drive afflicted individuals to overcome characteristics and personal experiences (Moritz, Werner & Von, 2006) resulting either in spectacular achievement or extreme antisocial behavior. The term was coined to indicate a lack of covert self-esteem form any; it is developed through a combination of genetic personality.

Research on shame about in-group moral failure has yielded paradoxical results. In some studies, shame predicts self-defensive motivations to withdraw. In other studies, shame predicts pro-social motivations, such as restitution. We think that this paradox can be explained by disentangling the numerous appraisals and feelings subsumed under the label “shame.” In 2 studies, we asked community samples of Norwegians about their in-group's discrimination against the Tater minority. Confirmatory factor analysis validated the measures of the appraisals and feelings used in Study 1 (*N* = 206) and Study 2 (*N* = 173). In both studies, an appraisal of the in-group as suffering a moral defect best predicted felt shame, whereas an appraisal of concern

for condemnation of the in-group best predicted felt rejection. In both studies, felt rejection best predicted self-defensive motivation, whereas felt shame best predicted pro-social motivation. **(Gausel, Leach, Vignoles, & Brown, 2012**).

It has been theorized that patients with persecutory delusions display a lack of covert self-esteem (formerly termed the 'inferiority complex'), while at the same time displaying normal or even heightened levels of explicit self-esteem. However, the empirical basis for this assumption is inconsistent. In view of apparent shortcomings of prior studies to assess implicit self-esteem, the Implicit Association Test was utilized to readdress this theory. The Rosenberg scale served as an index of overt self-esteem. A total of 23 schizophrenic patients, 13 of whom showed current symptoms of persecutory delusions, participated in the study; 41 healthy and 14 depressed participants served as controls. Schizophrenic patients showed decreased levels of both implicit and explicit self-esteem relative to healthy controls. In line with recent studies, patients with current ideas of persecutory delusions displayed greater explicit self-esteem than non-paranoid patients. The present study lends partial support for the notion that persecutory delusions serve as a defense against low implicit self-esteem, although the explicit self-esteem of these patients is still lower than in normal participants. Apart from abnormalities of attributional style, which have been assumed to convert low into high self-esteem, the assumption that a 'feeling of personal significance' heightens self-esteem in paranoid schizophrenia deserves further consideration (**Moritz, Werner & Von, 2006**).

There is a study by **Ashby and Kottman (1996)** which investigated the relationship between the constructs of striving for perfection and feelings of inferiority. This study also tested the hypothesis that neurotic perfectionists (NEPs) experience greater feelings of inferiority than do normal perfectionists (NOPs). 123 undergraduates (aged 18–66 years) completed inventories designed to measure feelings of inferiority and aspects of perfectionism. Identified NEPs scored higher than NOPs on inferiority; thus, the hypothesis was supported. Results show that NEPs also scored higher for emotional distress. The results of this study support Adler's contention that a primary difference between normal and neurotic striving for perfection is the level of inferiority experienced by individuals. A possible implication is given that those with elevated levels of inferiority feelings might exhibit signs of psychological distress and a neurotic striving for perfection.

Guilt is a cognitiveor an emotional experience that occurs when a person realizes or believes—accurately or not—that he or she has compromised his or her own standards of conduct or has violated a moral standard, and bears significant responsibility for that violation. It is closely related to the concept of remorse.

Guilt is an important factor in perpetuating Obsessive–compulsive disorder symptoms (**Shapiro, & Stewart, 2011**). Guilt and its associated causes, merits, and demerits are common themes in psychology and psychiatry. Both in specialized and in ordinary language, guilt is an affective state in which one experiences conflict at having done something that one believes one should not have done (or conversely, having not done something one believes one should have done). It gives rise to a feeling which does not go away easily, driven by 'conscience'. Freud described this as the result of a struggle between the ego and the superego - parental imprinting. Freud rejected the role of God as punisher in times of illness or rewarded in time of wellness. While removing one source of guilt from patients, he described another. This was the unconscious force within the individual that contributed to illness, Freud in fact coming to consider "the obstacle of an unconscious sense of guilt...as the most powerful of all obstacles to recovery ". (**Belsey, 2008).**

Feelings of shame and guilt are factors associated with depression. However, studies simultaneously investigating shame and guilt suggest that only shame has a strong unique effect, although it is not yet clear which psychological processes cause shame and not shame-free guilt to be related to depression. Shame, in contrast to guilt, elicits rumination, which then leads to depression. Therefore, in this study we investigated event-related shame and guilt, event related rumination, and depression among 149 mothers and fathers following family breakup due to marital separation. Data were analyzed using latent variable modeling. The results confirm that shame but not guilt has a strong unique effect on depression. Moreover, the results by **Orth , Berking & Burkhardt (2006)** show that the effect of shame is substantially mediated by rumination. The results are discussed against the background of self-discrepancies and self-esteem.

In a longitudinal study by Stuewig and McCloskey (2005) on children followed for 8 years into adolescence, the authors investigated how different forms of maltreatment (i.e., harsh parenting, sexual abuse, witnessing domestic violence) in childhood and parenting during adolescence influenced adolescents' shame- and guilt-proneness. Furthermore, the authors examined whether diminished feelings of guilt or heightened feelings of shame were related to delinquent behavior

or depression in late adolescence. Results showed that whereas harsh parenting in childhood was related to shame proneness in adolescence, this relationship was mediated by parental rejection in adolescence. Findings confirmed that youth with rejecting parents were more shame-prone and less guilt-prone than other youth. Furthermore, shame-proneness was associated with higher depression when measured 2 years later and guilt-proneness was linked to less delinquent behavior. Results suggest that, as mediators, shame and guilt may provide useful focal points for intervention and prevention efforts in reducing adolescent depression and delinquency.

Satisfaction and guilt are morally relevant emotions. In terms of morality, guilt is associated with the violation of behavior that is socially and /or morally required, while satisfaction is most commonly associated with behavior that goes beyond the perceived requirements of duty. Feelings of guilt motivate reparative behavior, such as confessions, apologies or attempts at redress, or lead individuals to refrain from engaging in transgressions in the first place (**Tangney, 2002).**

Miller (1995) claims that "many people suffer all their lives from this oppressive feeling of guilt, the sense of not having lived up to their parents' expectations....no argument can overcome these guilt feelings, for they have their beginnings in life's earliest period, and from that they derive their intensity.

The relation of shame and guilt to anger and aggression has been the focus of considerable theoretical discussion, but empirical findings have been inconsistent. Two recently developed measures of affective style were used to examine whether shame-proneness and guilt-proneness are differentially related to anger, hostility, and aggression. In 2 studies, 243 and 252 undergraduates completed the Self-Conscious Affect and Attribution Inventory, the Symptom Checklist 90, and the Spielberger Trait Anger Scale. Study 2 also included the Test of Self-Conscious Affect and the Buss-Durkee Hostility Inventory. Shame-proneness was consistently correlated with anger arousal, suspiciousness, resentment, irritability, a tendency to blame others for negative events, and indirect (but not direct) expressions of hostility. Proneness to "shame-free" guilt was inversely related to externalization of blame and some indices of anger, hostility, and resentment. (**Tangney, Wagner, Fletcher, & Gramzow,1992**).

Obsessiveness: Obsessions – particularly those directly relating to causing harm – often contain or imply evaluative dimensions about the self, reflecting a fear as to who the person might be – or might become. Following from research indicating that such beliefs are relevant to OCD, and

the wider literature in social psychology regarding 'feared' or 'undesired' self-guides, the current study describes the development and validation of a new questionnaire—the Fear of Self Questionnaire, in 8- and 20-item versions. The questionnaire was piloted in two non-clinical samples (n=258; n=292). Exploratory and confirmatory factor analyses supported the uni-dimensionality of the measure. The questionnaire showed a strong internal inconsistency, and good divergent and convergent validity, including strong relationships to obsessional symptoms and with other processes implicated in cognitive models of OCD (e.g. obsessive beliefs, inferential confusion)(**Aardema, Moulding, Radomsky, Doron, Allamby & Souki, 2013).**

It has been suggested **Seo and Kwon (2013)** that most obsessions are prone to induce negative inferences about the self. It was proposed that autogenous obsessions are more closely related to negative self-inferences than reactive obsessions are. The authors examined which type of obsessions is more strongly associated with negative self-inferences using the Intrusion Related Self Inference Scale(Ferrier, & Brewin ,2005). The results showed that individuals primarily displaying autogenous obsessions scored higher on the IRSIS than those primarily displaying reactive obsessions. Moreover, individuals with autogenous obsessions were found to experience more feelings of guilt over their mental intrusions than those with reactive obsessions, and neutralizations designed to protect their self-worth were mainly reported by those with autogenous obsessions. The data suggest that autogenous obsessions are more closely associated with negative self-inferences than reactive obsessions are.

Unhappiness: Clusters of happy and unhappy people are visible in the network, and the relationship between people's happiness extends up to three degrees of separation (for example, to the friends of one's friends' friends). People who are surrounded by many happy people and those who are central in the network are more likely to become happy in the future. Longitudinal statistical models suggest that clusters of happiness result from the spread of happiness and not just a tendency for people to associate with similar individuals. A friend who lives within a mile (about 1.6 km) and who becomes happy increases the probability that a person is happy by 25% (95% confidence interval 1% to 57%). Similar effects are seen in co resident spouses (8%, 0.2% to 16%), siblings who live within a mile (14%, 1% to 28%), and next door neighbors (34%, 7% to 70%). Effects are not seen between co-workers. The effect decays with time and with geographical separation. People's happiness depends on the happiness of others with whom they

are connected. This provides further justification for seeing happiness, like health, as a collective phenomenon (**Fowler & Christakis, 2008**).

The authors , **Cullinan and Sabornie (2004)** investigated the five eligibility characteristics of the federal education disability emotional disturbance (ED): inability to learn, relationship problems, inappropriate behavior, unhappiness or depression, and physical symptoms or fears. Participants were 1,210 middle or high school level students with or without ED, of three different racial/ethnic statuses and both genders. Category main effects confirmed that adolescents with ED exceed those without ED on the five characteristics; interaction effects revealed nuances. For relationship problems, students with ED exceeded peers without ED at both school levels, but for unhappiness or depression and physical symptoms or fears, only middle school students with ED had higher scores than their peers. Among students with ED, European Americans exhibited greater physical symptoms or fears than did African Americans but not Hispanics. On relationship problems, there were category-by-gender patterns unique to each race-ethnic group. Results address race and ethnicity in ED identification decisions, indicate additional data needed on students with ED, and suggest research directions.

Hypochondriasis : According to Henry Maudsley, a British psychiatrist **"***Grief that finds no vent in tears makes other organs weep* **".**

In the past, hypochondriasis was described as a type of somatoform disorder, a mental illness in which a person has symptoms of a medical illness, but the symptoms cannot be fully explained by an actual physical disorder. More recent research indicates hypochondrias is may better be considered an anxiety disorder. In particular it is a form of abnormal health anxiety that may be rather mild or quite severe and disabling. People with hypochondriasis are very worried about getting a disease or are certain they have a disease, even after medical tests show they do not. Further, these people often misinterpret minor health problems or normal body functions as symptoms of a serious disease. An example is a person who is sure that his or her headaches are caused by a brain tumor. The symptoms associated with hypochondriasis are not under the person's voluntary control, and can cause great distress and/or can interfere with a person's normal functioning. Hypochondriasis can occur at any time of life, but most often begins in early adulthood. It appears to affect men and women equally.

Scientific study by **Barsky and Ahern (2004)** has shown that cognitive behavioral therapy (CBT) and selective, serotonin reuptake inhibitors (SSRIs;

e.g., fluoxetine and paroxetine) are effective treatment options for hypochondriasis as demonstrated in clinical trials.

Family studies of hypochondriasis do not show a genetic transmission of the disorder. Among relatives of people suffering from hypochondriasis only somatization disorder and generalized anxiety disorder were more common than in average families (**Fallon, Qureshi , Laje & Klein, 2000).** Other studies have shown that the first degree relatives of patients with OCD have a higher than expected frequency of a somatoform disorder either hypochondriasis or body dysmorphic disorder (**Bienvenu, Samuels , Riddle, Hoehn-Saric , Liang , Cullen , Grados & Nestadt, 2000).**

Another treatment that has proved effective in the treatment of hypochondriasis is exposure therapy. In one study by **Visser and Bouman(2001)** this was shown to be equally as effective as cognitive therapy and the improvements in condition were maintained after the study**.** The hypochondriac usually ends up in one of four categories: they get worse and die of suicide or emotional paralysis; labor against the disease and learn to handle each crisis more efficiently than the last; remain the same and become a chronic sufferer of every new illness that comes along; or they can get better and heal. Of course the ultimate goal is to get better and heal but this can be a long process of psychotherapy and treatments. It is estimated that 50% of hypochondriacs who seek treatment substantially improve. Behavior modification is similar but deals with the physical symptoms more closely and their relationship to the urges and emotions that drive the hypochondriac towards obsessive thought patterns.

In a separate study published in **2000, Noyes and Stuart** found that hypochondriacal and non-hypochondriacal patients interviewed about recent health problems and medical care both gave equal numbers of positive comments about physicians, but the hypochondriacal patients made significantly more negative comments overall.

Dependence: Difficulties regulating emotions have implications for the development, maintenance, and recovery from alcohol problems. One construct thought to impede the regulation of emotion is alexithymia. Alexithymia is characterized by difficulties identifying, differentiating and expressing feelings, a limited imagination and fantasy life, and an externally-oriented thinking style (e.g., prefer talking about daily activities rather than feelings). Given that poor emotion regulation skills have been found to predict post treatment levels of alcohol use,

and that several defining characteristics of alexithymia bear similarity to deficits in emotion regulation skills, it is possible that alexithymia may predict poorer alcohol treatment outcomes. Thus, the present study first examined the relationship of alexithymia to several other emotion regulation measures and then investigated the impact of alexithymia on attrition and alcohol treatment outcomes in men and women (N = 77) enrolled in a 12-week cognitive-behavioral intervention for alcohol dependence. At baseline, higher scores on alexithymia were associated poorer emotion regulation skills, fewer percent days' abstinent, greater alcohol dependence severity, and several high-risk drinking situations. Alexithymia was unrelated to attrition and to level of alcohol consumption at post treatment. Overall, the construct of alexithymia is shown to be related to several theoretically-related constructs (e.g., emotion regulation, mindfulness) but demonstrated a limited relationship to drinking outcomes in those seeking treatment for alcohol dependence (**Stasiewicz, Bradizza, Gudleski, Coffey, Schlauch ,Bailey, Bole & Gulliver, 2011**).

Research by **Bornstein (2006)** indicates that economic dependency in women and emotional dependency in men independently contribute to domestic-partner abuse risk and that high levels of emotional dependency in an abused partner may reduce the likelihood that that the victimized person will terminate the relationship. An analysis of psychological factors and social forces that contribute to domestic violence suggests that multimodal intervention strategies are needed to combat this complex problem.

Based on the dependence, legitimacy, and justice literatures, a study by **Johnson, Ford and Kaufman (2000)** develop predictions about how two forms of power affect subordinates' anticipated emotional reactions to an inappropriate act by a superior and the likelihood that they will express these emotions toward their superior. The researchers tested the effects of dependence and legitimacy on the anticipated experience of three backward-looking emotions (satisfaction, anger, and resentment) and two forward-looking emotions (excitement and worry). Using vignettes, we asked 330 college students to take the position of a subordinate in a conflict with a manager and describe how they feel and how likely they would be to express their emotions toward their manager. The design manipulated subordinates' and superiors' alternatives as well as endorsement and authorization of the superior. Results show that subordinates report the highest levels of anger and resentment when they are in the least dependent position and the lowest levels when they are in a highly and equally dependent relationship with their superior.

They also report more resentment when their superior is not endorsed. Less dependent subordinates feel more excitement and less worry than highly dependent subordinates. They also feel more excitement when their superior is not endorsed. Finally, subordinates in a highly dependent position or with a highly endorsed superior are less likely to report the likelihood of expressing negative emotions toward their superior.

This research investigated the associations between emotional experience and goals within romantic relationships by drawing on theoretical models of emotion, as well as aspects of interdependence theory. Relationship need fulfillment was conceptualized as analogous to the outcome of goal completion within relationships, and fulfillment of needs was hypothesized to predict emotional experience. Daily self-reports of emotional experience and relationship needs were collected across four days from 119 participants involved in romantic relationships. Fulfillment of relationship needs was found to correlate with emotional experience. Furthermore, need fulfillment expectanciesmoderated the emotion – fulfillment relationship. In addition, participants in relationships Characterized by an inequality of dependence experienced more negative emotion (and less positive emotion) in their relationship than did participants in mutually dependent Partnerships (**Le, 1999**).

Dependence on a relationship may not be equal between two partners. One partner may have disproportionate influence over the other partner's outcomes and emotions. This imbalance is related to inequality in power and control, and lack of control on the part of one partner within the relationship likely leads to negative emotions (**Berscheid, 1983**).

Ventilation

"Once the body achieves a state of neuromuscular homeostasis, the mind will follow suit"

Jacobson (1938). All the emotions which are felt, expressed, blocked or buried lie at the base of human psyche, and psyche is solely responsible for effective and efficient functioning of an individual. To be fully effective, an individual need to be emotionally expressive and free. If situation demands the non-expression of emotion further forces to block and bury the same, then in such a circumstance warmly opening up and exploring emotional patterns and releasing blocked emotions on some appropriate time, place and before genuine person is necessary. This type of emotional releasing is called emotional ventilation of buried and blocked emotions. Ventilation of mental suffocation caused by blocked emotions is necessary for the stress free, healthy and powerful living. Blocked emotional release or ventilation commonly flushes out the

deep buried emotion from human psyche and relieves individual from stress, depression and other psycho-physical disorders by generating a specific feeling of elation and inducement of insight with an 'Aha' kind of experience. It is useful for the emotionally blocked people to actively celebrate this new awareness, and to plan how to integrate it into life. (**Scheff, 2001**) indicated that humans seek and enjoy activities that help them to symbolically relive their own painful emotional experiences, and therefore achieve relief or resolution. For example, crying about Romeo and Juliet is nothing more than reawakening feelings of loss in the viewers' lives and reliving unfinished personal experiences. Schiff emphasized the fact that literature and theatre provide safe 'distancing from peoples' from own experience. When personal distress is reawakened in a socially appropriate environment, such as theatre, emotional experiences are not too overwhelming because people are under the impression that they cry about the play character, but not about themselves. Recent researchers challenged the traditionally accepted views that 'venting' negative emotions actually reduced them and supported the view that the release of emotion by itself without a cognitive change is not enough to produce a positive outcome in psychotherapy (**Bohart, 1980; Kennedy-Moore and Watson, 1999; Nichols,1985; Rachman, 2001**). Spiritual and cultural rituals have been known throughout the history to help people process collective stress situations, such as death or separation, or major life changing events like rites of passages, weddings etc. Traditional societies have ceremonies of mourning, funeral rites, and curing rituals, which most often include cathartic activities, such as crying, weeping, drumming, or ecstatic dance (**Szczeklik, 2005**). According to the hydraulic model of emotions and ‘Venting’ theory of emotional distress, if not expressed they will gets stored and can create pressure in the system. Therefore, 'venting' emotions should decrease tension and consequentially the negative psychological experience and symptoms. The greater the expression of negative emotions, the greater the relief should be (**American Psychological Association, 2007).**

Considering all the studies various research questions arise: What relation emotionality dimension shares with emotional suffocation? What is the relative contribution of this dimension in determining emotional suffocation? What is the role of psycho-social and socio-demographic variables in emotional suffocation? Which are those psycho- social and socio- demographic variables that form a background of the individuals who are at risk of emotional suffocation?

Justification of the topic:

Our real purpose in being on Mother Earth is to keep increasing our level of consciousness and living a more spiritual or love-based life. The higher the consciousness someone has, the higher degree of spirituality in his or her life. The higher the spirituality the closer they are to being what they are meant to be, a fully integrated and loving human being. But people cannot shift to higher levels of consciousness as long as they have major negative emotions buried within them. The troubling emotions do not have to be especially painful for us to suppress them; even mildly uncomfortable feelings are easy to suppress if one is too busy or lack the capacity to deal with them. The ability to suppress emotions and thoughts varies considerably from one individual to another, depending on the flexibility and overall character of the defense organization (Werman, 1983). Suppression has been defined by Werman as the "volitional elimination or diminution from consciousness, by any means, of undesirable thoughts, feelings, or bodily sensations". Wegner's (1992) study on "Instructed thought suppression" found paradoxically that the instruction to suppress a thought typically induces a remarkable preoccupation with that thought, and that the resultant sensitivity to these thoughts heightens emotionality. Subsequent research measuring the tendency to suppress unwanted thoughts (Wegner & Zanakos, 1994) augments prior findings that suppression may be a precursor of psychopathological reactions ranging from obsession to depression to anxiety. The study of thought suppression has grown into a significant area of scientific inquiry. What has compelled the interest of the researcher is the realization that "suppression is not simply an ineffective tactic of mental control; it is counterproductive, helping assure the very state of mind one had hoped to avoid". This is the main aim of our research to study the dynamics of emotionality dimension which is the reactivity towards certain situation or stimulus and its impact in ventilating emotional suffocation through psychological intervention. The present research study is a step in the direction to focus on the level of healing that is possible with a certain traits of emotionality. Efforts will be made to identify persons who are high on emotionality and high on emotional suffocation but do not try to ventilate their emotional suffocation and how are these individuals different psychologically, socially and demographically from those who are ventilating. Psychological interventions to help them ventilate their emotional

suffocation will be administered and a pre and post measures will be taken to find out if any significant change is brought about due to the intervention.

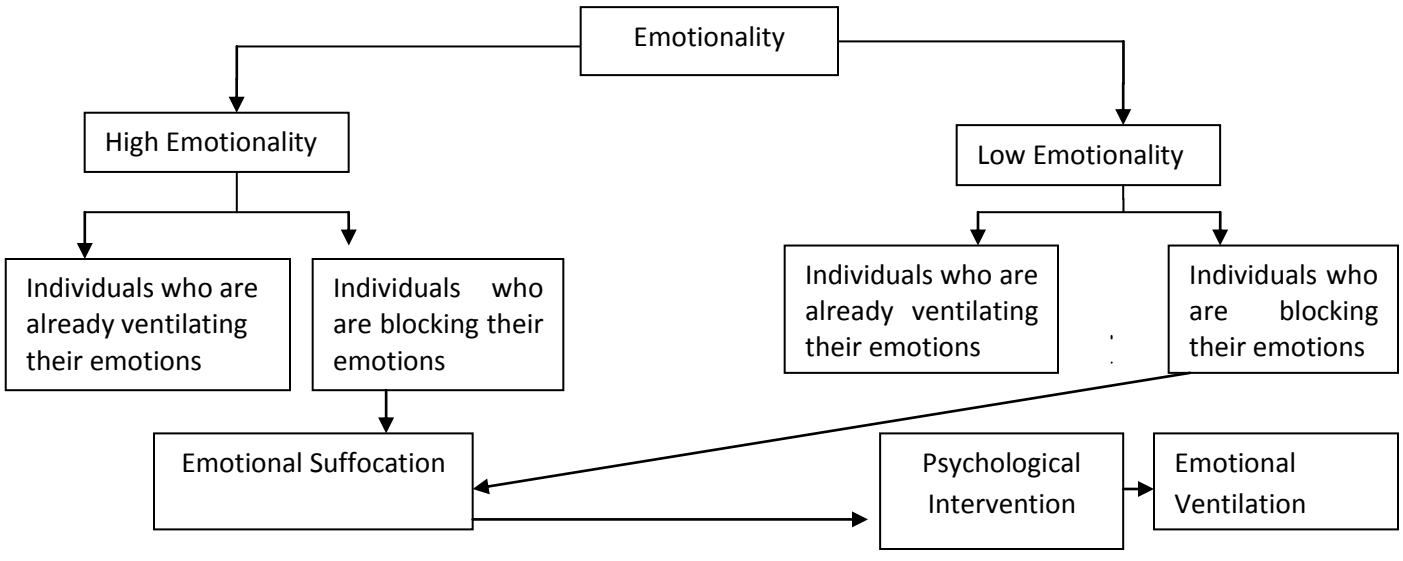
Considering the changes that happened in last century, it is apparent that working community has become quick enough to think about their work, their sentiments, emotional reactions and feelings about their work and the working environment which has been largely neglected by most of the organizations. Employees are expected to manage their feelings in accordance with organizationally defined rules and guidelines. That emotional labor has to face continuous emotional exhaustion which results into emotional recourses of individual being depleted. Emotional exhaustion is a chronic state of physical and emotional depletion that results from excessive job and/or personal demands and continuous stress (Wright and Cropanzano,1998). It describes a feeling of being emotionally overextended and exhausted by one's work. It is manifested by both physical fatigue and a sense of feeling psychologically and emotionally "drained" Zohar (1997). On the contrary, accumulated buried emotions leads towards emotional suffocation. If individuals keep emotions buried for a long time, it will lead to illness and an accelerated ageing progress. These emotions create also create fatigue and depression. People who have been emotionally suffocated in the past develop a system through which any kind of comment or action from the outside is perceived as being negative. Because of the fact that they are used of being criticized, disapproved and negatively judged, they act accordingly. They exercise sarcasm, criticism and address sharp comments to each other, reproaching failures and mistakes from the past, blame one another for their own life and relationship problems, frequently complain about the other's behavior, punish one another with indifference and emotional coldness and use the other's helplessness and insecurity to their benefit. Such an individual will certainly spill over negativity all over so they must be procedures to deal with them. Psychological intervention is not possible until the dynamics is well understood behind these individuals with negative energies before uncontrolled emotional and physical outbursts gain pace in society at large. In the proposed study, the investigator will confine the research mainly to the working population as there is a need of doing an in-depth research in this area. From an energetic standpoint, negative emotions can originate from several sources: what you're feeling may be your own; it may be someone else's; or it may be a combination. Here the researcher will make an attempt to tell the difference and strategically bolster positive emotions so that people don't shoulder negativity that doesn't belong to them.

Emotions such as fear, anger, frustration, and immobility are energies. And one can potentially "catch" these energies from people without realizing it. If individuals tend to be an emotional sponge, it's vital to know how to avoid taking on an individual's negative emotions, or even how to deflect the free-floating negativities in crowds. Another point is that chronic anxiety, depression, or stress can turn an individual into an emotional sponge by wearing down their defenses. Suddenly, one becomes hyper-attuned to others, especially suffering with similar pain and keeps focusing on issues that are unresolved in us.

Moreover, many diseases have been found to have a psychological component. Sometimes illness is the direct result of past trauma and emotions stored in the body. This may also lead to negative cognitions like suicidal ideation which untimely if do not taken care of will convert into a behavior that converts to committing suicide. Therefore, there is a need to do research in this direction. **I**nstead of suppressing an emotional energy and adding another incomplete experience to our database of old unresolved emotional pain; individuals need to learn how to stay present to the sensation. In fact they need to learn how to bring their awareness closer to it rather than go away from it.

Thus, when emotions are not let out, this creates an adverse situation for an individual, which may be because of his own emotionality or actions taken by him. The result is inner deadness; the person feels disintegrated, emotionless and finds it difficult to survive. So the present research is relevant enough to focus on these issues and find out the chances of improving the situation. The flow chart below represents the purposed research plan:

Figure 1. Research Plan



Method

The study will be conducted in two parts: Part-'A' and Part - 'B'. Part - 'A' will deal with the study of contribution of emotionality in determining emotional suffocation of working individuals. Part - 'B' will deal with the study of effectiveness of psychological intervention in ventilating emotional suffocation of subjects.

Part - 'A'

OBJECTIVES:

(1) To study the relationship of emotionality with emotional suffocation (ES).

(2) To study the contribution of different traits of emotionality dimension in determining emotional suffocation of working individuals

(3) To study the difference in the emotional suffocation of high and low emotionality groups

(4) To study the difference in emotional suffocation of working individuals in context to their gender, age and marital status.

(5) To study the psycho-social and socio-demographic background of working individuals with and without emotional suffocation

HYPOTHESES:

(1) There will be a significant relationship of emotionality with emotional suffocation (ES).

(2) There will be a significant contribution of different traits of emotionality dimension in determining emotional suffocation of working individuals

(3) There will be a significant difference in the emotional suffocation of high and low emotionality groups

(4) There will be a significant difference in emotional suffocation of working individuals in context to their gender, age and marital status.

(5) There will be a significant association of psycho-social and socio-demographic background of working individuals with emotional suffocation

OPERATIONAL DEFINITION OF THE TERMS:

(1) Emotionality: Emotionality is the observable behavioral and physiological component of emotion, and is a measure of a person's emotional reactivity to a stimulus. Emotionality is about how much one feels valued, loved, accepted, and thought well off by others and how much he/she value, love and accept themselves

(2) Emotional Suffocation: Emotions that are buried blocked and bottled–up for too long create mental and emotional suffocation.

(3) Emotional Ventilation: Releasing and smoothing out of buried and blocked emotions is called emotional ventilation.

SAMPLE:

An Initial sample of approximately 500 (250 males and 250 females) working individuals will be taken from urban and semi-urban areas in and around Agra, Delhi and NCR. Their age will range in between 21-55 years. Both married and unmarried individuals will be included in the sample. Individuals having any severe physical or mental illness will be excluded. Eysenck Personality Profiler [EPP] (2008) to specifically measure Emotionality along with Emotional Suffocation/ Ventilation Scale will be administered on the initial sample to generate data.

DESIGN: Expost-facto design will be used for the present study

TOOLS USED:

(A) ***Eysenck Personality Profiler (EPP):*** (Manual version 6.4) – developed by Eysenck and Wilson (2008) ***is*** widely used in research and consultancy. In business, it is used as a selection and appraisal tool. It also has clinical applications. The Eysenck Personality Profiler (EPP) measures 21 traits of personality that is consistent with the three major dimensions of personality i.e. Extraversion(Activity, Sociability, Expressiveness, Assertiveness, Ambition, Dogmatism and Aggressiveness); *Neuroticism[(called Emotionality in the EPP) measures: Inferiority, Unhappiness, Anxiety, Dependence,*

Hypochondria, Guilt and Obsessiveness] and Psychoticism (Risk-taking, Impulsivity, Irresponsibility, Manipulativeness, Sensation-seeking, Tough-mindedness and Practicality).

The Neuroticism *(called Emotionality in the EPP) will be used for the present research to generate data*. The high N (*Neuroticism)* score is an anxious, worrying individual, moody and frequently depressed; likely to sleep badly, and to suffer from various psychosomatic disorders. S/he is overly emotional, reacting too strongly to all sorts of stimuli, and finding it difficult to get back on an even keel after each emotionally arousing experience. The neurotic's strong emotional reactions interfere with proper adjustment, making him/her react in irrational, sometimes rigid ways. When combined with extraversion, such an individual is likely to be touchy and restless, become excitable and even aggressive. If the high N individual is to be described in one word, one might say ***"worrier"*** – a preoccupation with things that might go wrong, and a strong emotional reaction of anxiety to these thoughts. The stable individual, on the other hand, tends to respond unemotionally and only slowly and generally weakly, and to return to baseline quickly after emotional arousal; s/he is usually calm, even – tempered, controlled and unworried.

- The emotionality dimension has 134 items in all including the lie scale.
- The answers have three options yes, no and can't say.
- The reliability of the test depends upon the alpha coefficients ranging in between r = .72 to .83, N=655.
- The factorial validity of the test is high along with predictive and concurrent validity
- EPP (emotionality) is correlated with MBTI E – I Scale where moderate but significant correlation is found (as per the manual)
- Age norms are given in difference groups ranging from 20 -29 yrs to 50-59 yrs.

Emotional Suffocation /Ventilation Scale: will be a self constructed scale with items based on the following major symptoms:

- Fatigue
- Depression without an apparent cause
- Speaking of issues/interests rather than personal matters and feelings
- Pretending something doesn't matter when inside it does matter

- Rarely talking about your feelings
- Blowing up over minor incidents
- Walking around with a knot in stomach or tightness in throat
- Feeling your anger not at the time something happens but feels a few days later
- In relationships, focusing discussions on children/ money rather than talking about selves
- Difficulty talking about oneself
- Troubled personal relationships with family, friends, acquaintances, etc.
- A lack of ambition or motivation
- Lethargic – who cares attitude
- Difficulty accepting oneself and others
- Laughing on the outside while crying on the inside

Some items will be based on the following consequences of emotional suffocation:

- Inability to act or react that cannot be explained by intellectual, sensory, or health factors
- Inappropriate types of behavior or feelings under normal circumstances
- A general pervasive mood of unhappiness or depression
- A tendency to develop physical symptoms for psychosomatic disorders which is fears associated with personal problems
- Hyperactivity (short attention span, impulsiveness)
- Aggression/self-injurious behavior (acting out, fighting)
- Withdrawal (failure to initiate interaction with others, retreat from exchanges of social interaction, excessive fear or anxiety)
- Immaturity (inappropriate crying, temper tantrums, poor coping skills)
- Learning difficulties (academically performing below grade level)

There will be items focusing on the ways to ventilate the emotions to know whether the individual is involved in any activity to ventilate the emotional suffocation already. Like items on techniques such as : Meditation; Yoga; Prayer; Performance and involvement in the rituals or ceremonies of individual's like and taste; Playing and listening music; Drawing and painting; Dancing; Participating in religious activities; Crying, laughing and expressing other emotions in the controlled environment under the supervision of qualified and expert person and other forms

of creative and non-creative activities which can help individual to release and flush out the blocked emotion .

(c) Structured Performa will be developed to generate information regarding Psycho-social and socio- demographic variables related to the subjects.

ANALYSIS OF DATA:

To study the relationship and relative contribution of emotionality dimension to emotional suffocation, correlation and regression analysis respectively will be used. To study the difference in level of emotional suffocation of various groups, suitable test of significance of difference will be used. Qualitative analysis for the psycho-social and socio-demographic variables will also be done.

PART-'B'

OBJECTIVES:

(1) To study the effectiveness of psychological intervention in ventilating emotional suffocation of subjects

SAMPLE: working individuals identified as extremely high on emotional suffocation in Part - 'A' of study will be included in the sample for Part –'B' of the study.

DESIGN: Pre and Post test design will be used.

TECHNIQUES:

(a) Jacobson Progressive Relaxation Technique: Progressive relaxation is a technique for learning to monitor and control the state of muscular tension. The technique involves learning to monitor tension in each specific muscle group in the body by deliberately inducing tension in each group. This tension is then released, with attention paid to the contrast between tension and relaxation.

(b) Cognitive Restructuring: It is the process of learning to refute cognitive distortions, or fundamental "faulty thinking" with the goal of replacing one's irrational, counter-factual beliefs with more accurate and beneficial ones

(c) Guided Imagery Therapy: Sometimes called guided imagery or visualization, with this method of meditation one forms mental images of places or situations that S/he finds relaxing. The Academy for Guided Imagery (AGI) classifies the therapeutic application of guided imagery into three categories:

1. Stress reduction and relaxation
2. Active visualization or directed imagery - for improving performance, changing behavior, or influencing an outcome
3. Receptive imagery - in which words and images are brought to consciousness to explore and give information about symptoms, treatments, moods or illnesses

Here this therapy takes advantage of the connection between the visual brain and the involuntary nervous system. When this portion of the brain (the visual cortex at the back of the head) is activated, without receiving direct input from the eyes, it can influence physical and emotional states. The guide or therapist tries to use as many senses as possible, such as smells, sights, sounds and textures.

PROCEDURE: Six months intervention will be given to the subjects with high emotional suffocation who are willing to take the intervention. Jacobson Progressive Relaxation followed by counseling focusing on modifying deviating cognitions and behavior and then guided imagery meditation will be conducted. Initially approximately one hour session on alternative days will be conducted. After three months, sessions will be conducted twice a week. Thus, after six months intervention, post measures of emotional suffocation will be taken. Measures of emotional suffocation taken in part A of the study will serve as pre-measure. Conditions for the pre and post measure will be maintained the same.

ANALYSIS OF DATA: Significance of difference between scores of pre and post measure of emotional suffocation on subjects will be tested by using suitable statistics.

References:

- Aardema, Frederick , Moulding, Richard , Radomsky, Adam S. , Doron, Guy , Allamby, Jude & Souki, Eman (2013). Fear of self and obsessionality: Development and validation of the Fear of Self Questionnaire, *Journal of Obsessive-Compulsive and Related Disorders,* 2(3),306–315.
- American Psychological association. (2007). Dictionary of Psychology. Washington, DC: Author.
- Ashby, Jeffrey S. & Kottman, Terry (1996). Inferiority as a distinction between normal and neurotic perfectionism. *Individual psychology, 10,* 237.
- Barsky, A.J., Ahern, D.K. (2004). Cognitive behavior therapy for hypochondriasis: a randomized controlled trial. *The Journal of the American Medical Association, 291,*1464-1470.
- Belsey, Catherine, (2008) Shakespeare in Theory and Practice p. 25 *Retrieved from www.isnare.com/encyclopedia/Guilt_(emotion)* as on 02-09-2013
- Berscheid, E. (1983). *Emotion.* In Kelley, H.H., Berscheid, E., Christensen, A., Harvey, J.H., Huston, T.L., Levinger, G., McClintock, E., Peplau, L.A., & Peterson, D.R. (Eds.), *Close relationships* (pp. 110-168). NY: Freeman.
- Bienvenu OJ, Samuels JF, Riddle MA, Hoehn-Saric R, Liang KY, Cullen BAM, Grados, MA, Nestadt G.(2000). The relationship of obsessive-compulsive disorder to possible spectrum disorders: results from a family study. *Biological Psychiatry*, *48,* 287-293
.
- Bohart, A.C. (1980). Toward a cognitive theory of catharsis. *Psychotherapy: Theory Research & Practice,* 17, 192-201.
- Booth, R. (2005). Emotional disclosure and psychoneuroimmunology. In K. Vedhara and M. Irwin (Eds.). *Human psychoneuroimmunology* (pp. 319-341). Oxford: Oxford University Press.

- Booth, R.J., & Petrie, K.J. (2002). Emotional expression and health changes: Can we identify biological pathways? In S.J. Lepore & J.M. Smyth (Eds.). *The writing cure: How expressive writing promotes health and emotional well-being,* (pp. 157-175). Washington DC: American Psychological Association.

- Bornstein, RF. (2006). The complex relationship between dependency and domestic violence: converging psychological factors and social forces, *Journal of American Psychologist ,61*(6),595-606.
- Budge S.L., Adelson J.L. & Howard, K.A. (2013, June). Anxiety and depression in transgender individuals: the roles of transition status, loss, social support, and coping. *Journal of Consulting and Clinical Psychology*,*81*(3), 545-57. doi: 10.1037/a0031774.
- Cassady, Jerrell C. &. Johnson, Ronald E. (2002).Cognitive Test Anxiety and Academic Performance. *Contemporary Educational Psychology, 27***,** 270–295 doi:10.1006/ceps.2001.1094
- Crawford, J., Kippax, S., Onyx, J., Gault, U., & Benton, P. (1992). Emotion and gender: Constructing meaning from memory. London, England: Sage Publications pp. 118.
- Cullinan, Douglas & Sabornie, Edward J. (2004).**C**haracteristics of Emotional Disturbance in Middle and High School Students, *Journal of Emotional and Behavioral Disorders,12* (3), 157-167.
- Derryberry, D& Reed, MA, (2002). Anxiety-related attentional biases and their regulation by attentional control. *Journal Abnormal Psychology, 111*(2), *225-36.*
- Effects of suppressing your emotions, retrived from *www.2knowmyself.com/Depression/Depression_suppressed_emotions* as on 12 July,2013**.**
- Emotion Suppression*:* Effects *on* Mental and Physical Health, *Retrived from;http://www.mysahana.org/2011/05/emotion-suppression-effects-on-mental-and-physical-health as on 6th June,2013.*
- Eysenck, H. J. (1947). Dimensions of Personality. London:Routledge & Kegan Paul.

- Eysenck, H. J., Barrett, P., Wilson, G.D., & Jackson, C.J. (1992). Primary trait measurement of the 21 components of the PEN system. *European Journal of Psychological Assessment, 8,* 109–117.
- Eysenck, H. J., Wilson, G.D. & Jackson, C.J. (2000). Manual for The Eysenck Personality Profiler (V6). Cymeon :Australia
- Fallon, BA, Qureshi, AI, Laje, G, Klein B: (2000).Hypochondriasis and its relationship to obsessive-compulsive disorder. The *Psychiatric Clinics of North America, 23*,605-616.
- Ferrier,S. & Brewin,C.R. (2005). Intrusion Related Self Inference Scale(IRSIS), *Behaviour Research and Therapy, 43*(10), 1363–1374)
- Fowler, J. H; Christakis, N. A (3 January 2008). "The Dynamic Spread of Happiness in a Large Social Network", *British Medical Journal,* **337** (768), a2338. doi:10.1136/bmj.a2338.
- Freud, S. (1930). Civilization and its discontents. In The standard edition of the complete psychological works of Sigmund Freud: 21. (J. Strachey, Trans., pp. 59-145). London: Hogarth Press.
- Freud, S. (1938). The basic writings of Sigmund Freud. New York: Modern Library.
- Freud, Sigmund, On Metapsychology (PFL 11)p. 390-1 *Retrieved from www.isnare.com/encyclopedia/Guilt_(emotion)* as on 02-09-2013
- Gausel, Nicolay; Leach, Colin Wayne; Vignoles, Vivian L., Brown, Rupert (2012). Defend or repair? Explaining responses to in-group moral failure by disentangling feelings of shame, rejection, and inferiority, *Journal of Personality and Social Psychology, 102*(5), 941-960.
- Hall, J. A., Carter, J. D., Horgan, T. G. (2000). Gender differences in nonverbal communication of emotion. pp. 97–117. United Kingdom: Cambridge University Press.
- Izard,E.C.(2009), Emotion Theory and Research: Highlights, Unanswered Questions, and Emerging Issues, *Annual. Review of Psychology,* 60,*1–25.*
- Jacobson, E. (1938). Progressive relaxation. Chicago: University of Chicago Press.
- Kennedy-Moore, E., Watson, J.C. (1999). Expressing emotion. New York: Guildford Press.

- Lawson, Karen (2009), How Do Emotions & Attitudes Impact Health? University of Minnesota and the Life Science Foundation:USA
- Le, B.(1999). Need fulfillment and emotional experience in interdependent romantic relationship, Unpublished Thesis, Purdue University, Indiana ,U.S.A.
- Lepore, S.J., & Smyth, J.M. (2002). The writing cure: An overview. In S.J. Lepore & J.M. Smyth (Eds.). *The writing cure: How expressive writing promotes health and emotional well-being,* (pp. 3-14). Washington DC: American Psychological Association.
- Johnson, Cathryn; Ford, Rebecca; Kaufman, Joanne (2000). Emotional Reactions to Conflict: Do Dependence and Legitimacy Matter? *Social Forces,79*(1), 107.
- Miller, Alice (1995) .The Drama of Being a Child, p. 99-100 *Retrieved from www.isnare.com/encyclopedia/Guilt_(emotion)* as on 02-09-2013
- Moritz, S., Werner, R., & Von, Collani , G. (2006). The inferiority complex in paranoia readdressed: a study with the Implicit Association Test, *Cognitive Neuropsychiatry*, *11*(4), 402-15.
- Morris, Larry W., Liebert, Robert M .(1970), Relationship of cognitive and emotional components of test anxiety to physiological arousal and academic performance. *Journal of Consulting and Clinical Psychology*, *35*(3), 332-337.
- Nichols, M.P., Efran, J.S. (1985). Catharsis in psychotherapy: a new perspective. *Psychotherapy*, 22, 46-58.
- Noyes, Russell &Stuart, Scott (2000). Researchers Study Interpersonal Effects Of Hypochondriasis, Science*Daily* Magazine,*University Of Iowa. Retrieved from* www.sciencedaily.com, 14 July 2003 as on 22-09-2013.
- O'Leary, A. (1990). Stress, emotion, and human immune function. *Psychological Bulletin*, *108*(3), 363-382.
- Orth U, Berking M 7Burkhardt S (2006). Self-conscious emotions and depression: rumination explains why shame but not guilt is maladaptive. *Personality & Social Psychology Bulletin*, *32*(12), 1608-1619.
- Pert, C.B. (1997). Molecules of emotion: Why you feel the way you feel. London: Simon & Schuster.

- Petrie, K.J., Booth, R., & Pennebaker, J.W. (1998). The immunological effects of thought suppression [Personality processes and individual differences]. *Journal of Personality and Social Psychology, 75*(5), 1264-1272.
- Reber, A.S. & Reber, E. (2001). The Penguin Dictionary of Psychology. Penguin Books. ISBN 0-14-051451-1.
- Rishipal.(2013) Blocked emotions; mental suffocation, Emotional Ventilation; Powerful Living. *International Journal of Marketing, Financial Services & Management.* 2(2), ISSN 2277- 3622.
- Rachman, S. (2001). Emotional processing, with special reference to post-traumatic stress disorders. *International Review of Psychiatry*,13,164-171.
- Scheff, T.J. (2001). Catharsis in healing, ritual, and drama. Lincoln, NE: iUniverse.com.
- Seo, Jang-Won & Kwon, Seok-Man (July, 2013). Autogenous/reactive obsessions and their relationship with negative self-inferences, *Journal of Obsessive-Compulsive and Related Disorders, 2*(3), 316-321.
- Shapiro, Leslie J. & Stewart, Evelyn S, (2011). Pathological guilt: A persistent yet overlooked treatment factor in obsessive-compulsive disorder, *ANNALS OF CLINICAL PSYCHIATRY, 23*(1), 63-70.
- Stasiewicz, PR., Bradizza, CM., Gudleski, GD., Coffey ,SF., Schlauch ,RC., Bailey ,ST., Bole, CW., Gulliver, SB.(2011). The relationship of alexithymia to emotional dysregulation within an alcohol dependent treatment sample, *Journal of Addictive Behaviour 37*(4),*469-76.*
- Stuewig, Jeffrey & McCloskey, Laura A. (November, 2005). The Relation of Child Maltreatment to Shame and Guilt among Adolescents: Psychological Routes to Depression and Delinquency. *Child Maltreatment, 10* (4), 324-336.
- Szczeklik, A. (2005). Catharsis: On the Art of Medicine. (A. Lloyd-Jones, Transl.). Chicago: The University of Chicago Press.
- Tangney, J. P. (2002). Self-conscious emotions: The self as a moral guide. In A. Tesser & D. Stapel (Eds.), Self and motivation: Emerging psychological perspectives (pp. 97-117).Washington, DC: American Psychological Association.

- Tangney, JP., Wagner, P., Fletcher, C., Gramzow, R .(1992). Shamed into anger? The relation of shame and guilt to anger and self-reported aggression, *Journal* of *Personality and Social Psychology,* 2(4),*669-75*
- Visser, S.; Bouman, T. K. (2001). "The treatment of hypochondriasis: exposure plus response prevention vs cognitive therapy". *Behaviour research and therapy* ,*39* (4): 423–442.
- Watson, David; Clark, Lee A., Carey, Greg,(1988) . Positive and negative affectivity and their relation to anxiety and depressive disorders. *Journal of Abnormal Psychology, 97*(3), 346-33.
- Werman, D.S. (1983). Suppression as a defense. *Journal of the American Psychoanalytic Association,* 31(S), 405-415.
- Wegner, D. (1992). You can't always think what you want: Problems in the suppression of unwanted thoughts. In M. Zanna (Ed.), *Advances in experimental social psychology,* (pp. 193-225). San Diego: Academic Press.
- Wegner, D.M., & Zanakos, S. (1994). Chronic thought suppression. *Journal of Personality*, 62, 615-640.
- Wenzlaff, Richard M. & Wegner, Daniel M. (2000). Thought Suppression. *Annual Review of Psychology, 51*, 59-91.
- Wright, T.A., Cropanzano, R. (June 1998). "Emotional exhaustion as a predictor of job performance and voluntary turnover". *Journal of Applied Psychology, 83* (3), 486–93.
- Zohar D. (1997). "Predicting burnout with a hassle-based measure of role demands". *Journal of Organizational Behavior, 18* (2), 101–115.
- Retrieved from Science Daily from http://www.sciencedaily.com/articles/i/inferiority_complex.htm as on 02-09-2013.